

BENEVOLENT FUND RECIPIENT FORM

Germantown Baptist Church

Date: _____

Name: _____

Address: _____

City, State & Zip _____ **Date of birth** _____

Names and ages of family & friends staying with you:

Place you attend church: _____

Pastor's Name: _____ **Phone:** _____ *GBC Deacon Check* _____

If no church home, date & place you last worshipped: _____

Name of churches who have given you assistance: _____

Has anyone cared enough for you to share how to be right with God through Jesus Christ? _____

If so, what did they tell you? _____

Name & number of a family member _____ *GBC Deacon Check* _____

Name & number of your social worker _____ **None** _____

Who sent you to Germantown Baptist Church? _____

How do you get money? _____

Name of Employer _____ Phone _____ *GBC Deacon Check* _____

Last Employer if none presently _____

Last Date working _____

Would you be willing to take a financial counseling/ budgeting class? _____

Would you be willing to submit to a drug test? _____

MONTHLY BILLS:

Rent or Mortgage _____

Utilities _____

Home Phone _____

Cell Phone _____

Pager _____

Cable TV _____

Charge Cards _____

Life Insurance _____

Health Insurance _____

Clothing _____

Beauty Parlor _____

Medical _____

Car Note _____

Gasoline _____

Others _____

What has caused you to get behind on your bills? _____

Have you attended a financial workshop? _____

What are you requesting from Germantown Baptist Church?

PHOTOT COPY OF SOCIAL SECURITY & DRIVER'S LICENSE & LAST PHONE BILL:

BENEVOLENCE POLICY

Before referred to Deacons:

- 1) Form filled out completely.**
- 2) A spiritual counsel with someone on staff.**

Deacons:

Call & get input from contacts on form, Pastor, family, social worker, present & past employer.